# 2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N22000006771

Entity Name: LAILA'S PLACE OF HOPE, INC.

### **Current Principal Place of Business:**

6485 86TH LANE VERO BEACH, FL 32967

## **Current Mailing Address:**

P.O BOX 9593 PORT SAINT LUCIE, FL 34985 US

## FEI Number: 88-3044502

#### Name and Address of Current Registered Agent:

SPERDUTO, GUY D 8963 STIRLING ROAD, SUITE 101 COOPER CITY, FL 33328 US FILED Jun 11, 2023 Secretary of State 2268108324CC

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

#### SIGNATURE:

Electronic Signature of Registered Agent

## Officer/Director Detail :

Title	DPCE	Title	D,ST		
Name	TARA MCINTOSH-HORNE	Name	ABIOLA, LEAH		
Address	P.O. BOX 9593	Address	P.O.BOX 9593		
City-State-Zip:	PORT SAINT LUCIE FL 34985	City-State-Zip:	PORT SAINT LUCIE FL 32985		
Title	D	Title	D,VP		
Name	HIGGINS, ELMER	Name	HORNE, DEREK		
Address	P.O.BOX 9593	Address	P.O.BOX 9593		
City-State-Zip:	PORT SAINT LUCIE FL 32985	City-State-Zip:	PORT SAINT LUCIE FL 32985		
Title	D	Title	D		
Name	SHURNS, TIARA	Name	DETERVILLE, DOREEN		
Address	P.O.BOX 9593	Address	P.O.BOX 9593		
City-State-Zip:	PORT SAINT LUCIE FL 32985	City-State-Zip:	PORT SAINT LUCIE FL 32985		
Title	DIRECTOR				

Address 6485 86TH LANE City-State-Zip: VERO BEACH FL 32967

MCINTOSH, DOROTHY

Name

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TARA MCINTOSH-HORNE	PRES
	11120

PRESIDENT

06/11/2023

Date

Electronic Signature of Signing Officer/Director Detail

Date